

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005459

FILED
Feb 18, 2009
Secretary of State

Entity Name: A.L.S. RESEARCH FOUNDATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

19402 CHAPEL CREEK DRIVE
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

19402 CHAPEL CREEK DRIVE
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 55-0787761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, ALLEN
19402 CHAPEL CREEK DRIVE
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERNSTEIN, JACK
Address: 19939 BOCA WEST DRIVE #3153
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: JACOBSON, ALLEN
Address: 19402 CHAPEL CREEK DRIVE
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: WOLLINS, ANTHONY
Address: 19301 CEDAR GLEN DRIVE
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: SCHWARTZ, BETH
Address: 19517 PLANTERS POINT DR
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: HIRSCH, HOWARD
Address: 7 STONEHENGE TERR
City-St-Zip: LIVINGSTON, NJ 07039

Title: D () Delete
Name: SHAPS, JULIAN
Address: 19622 BAY COVE DR
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK BERNSTEIN

VP

02/18/2009

Electronic Signature of Signing Officer or Director

Date